lease p	orint or type. (Fo	rm designed for use	on elite (12-pitch) typewr	iter.)				
4	UNIFORM	HAZARDOU MANIFEST	S Generator	SUS EPA ID No. 8 6 5 1 0 0 0 5	Manifest Document No.	2 Page 1 of	Information in is not require law.	the shaded areas ed by Federal
3. 4.	190th I No Torrance, Generator's Pt	CA YUSUZ		TOR CO	PY	B.State Ge	inifest Docume 1285 inerator's ID	
l I		Company Name	sposal		18367	D.Transport		33268-3137
		Company Name		8. US EPA ID N	lumber	F. Transport		
9.		cility Name and  NTU Road CA 93429		10. US EPA ID N	· .	H.Facility's	1020748	135°
11	. US DOT Descri	ption <i>(Including Pr</i>	oper Shipping Name,	Hazard Class, and ID Nun	12.Conta nber) No.	1_	13. 14. Fotal Unit Jantity Wt/Vol	I. Waste No.
a.	Waste Sod	ium Hydrox1d	e Solution -	Corrosive UN1824	001	T T 0 4	500 G	121
b.		6					**	
c.	<u> </u>						e.	
d.							***	
J.		Stations of Mare	rials Listed Above			K.Handling	Codes for Waste	s Listed Above
	Sodium Alu Sulfur Mater	minate 65 65 805	45 45 865				08//	4
1			d Additional Inform	ation Tay cause severe	burns to	skin an	d eyes.	, j
1	above by proper	Shipping name and	are classified, packed	t the contents of this consig d, marked, and labeled, and al and national governmen	are in all respe	ects in proper	ely described condition for	
	Printed/Typed I	( Gerbe		Signature	ald .	Herl		Date S
	Printed/Typed	Name	of Receipt of Mate	Signature	The	mero.	520/6	Date  Month Day Year
	Printed/Typed I	Name	UER MATE	Signature	then	ner		Date Month Day Year
19.	Discrepancy Indi	i ,		SCANNED		*		
20.	Facility Owner (	or Operator: Certif	cetion of receipt of	Signature	ed by this ma	nifest except	t as noted in	Date
	— Q S MZ	vame la la	Sources	Signature	rol fr	dins	To 1	Month Day Year の2コカ85
	5 <b>1 6</b>	·					Wo#	52016

DHS 8022 A (7/84) (EPA 8700-22)

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

84 89541

TANK #257

0145

Department of Health Services Toxic Substances Control Division Sacramento, California

se print or type. (Form designed for use on elite (12-pitch) typewri			118				
UNIFORM HAZARDOUS Generator'S C A D O	US EPA ID No. M. B. 6. 5. 1. 0. 0. 0. 5 Docu	anifest 2. Pa ment No. of	ge 1 Informa is not law.	ition in the shaded areas required by Federal			
3. Generator's Name and Mailing Address	AST	A State Manifest Document Number					
190th I Normandie							
Torrance, CA '90502 (213) 533-667 4. Generator's Phone ( )			ote Generator's				
5. Transponer 1 Company Name J. C. Liquid Waste Disposal	6. US EPA ID Numb			's ID 33686			
7. Transporter 2 Company Name	8. US EPA ID Numb		insporter's Pho ite Transporter	me (213) 268-3137 's ID			
	10. US EPA ID Numb	F.Tra	insporter's Pho	ine .			
9. Designated Facility Name and Site Address	er G.Sta	ite Facility's II					
P.O. BOX E. NTU Road Casmalia. CA 93429		cility's Phone					
V4388/14, UA 30743	CADO207.4.8	1. Z. b	1.3	144			
11. US DOT Description (Including Proper Shipping Name,	Hazard Class, and ID Number)	No. Type	13. Total Quantity	14. Unit Wt Vol Waste No.			
a. Waste Sodium Hydroxide Solution - (	Corrective INTROA	00177	04500	6 121			
			7 7 3 0 0	4 14			
b.							
C.							
<b>d</b> .							
J Additional Descriptions for Materials Listed Above		K,Ha	ndling Codes to	r Wastes Listed Above			
Section Riverentee 85 55 Section Albertage 65 45	enter de la companya						
SUTFUE 65 45							
Nater 805 365							
15. Special Handling Instructions and Additional Inform	ation						
Use gloves, goggles, respirator - )	lav cause sovere bu	rns to ski	n and eve				
* ***				•			
16. GENERATOR'S CERTIFICATION: I hereby declare that	t the contents of this consignme	ent are fully and	accurately desc	ribed			
above by proper shipping name and are classified, packed transport by highway according to applicable internation			proper conditio	n for			
Printed/Typed Name	Signature	1100		Date  Month Day Yes			
Donald (Gerber	Canal	UXI	en	02/26/8			
17. Transporter 1 Acknowledgement of Receipt of Mate				Date Month Pour Yea			
Printed/Typed Name	Signature	TKnus	W 322	Month Day Yea イム   <sup>マ</sup> ー をくって			
18. Transporter 2 Acknowledgement or Receipt of Mate		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		Date			
Printed/Typed Name	Signature			Month Day Yes			
19. Discrepancy Indication Space	:		· · · · · · · · · · · · · · · · · · ·				
CENTA	<b>52</b>						
				•			
20. Facility Owner or Operator: Certification of receipt of I	hazardous materials covered I	oy this manifest	except as note	ed in			
20. Facility Owner or Operator: Certification of receipt of Item 19.		oy this manifest	except as note	Date			
20. Facility Owner or Operator: Certification of receipt of litem 19.  Printed/Typed Name	hazardous materials covered I	oy this manifest	except as note	ed in  Date  Month Day Yea			